

FILED DEC 2 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40790
State File No. 542

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>542</u>	
1. PLACE OF DEATH a. COUNTY <u>JASPER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>KANSAS</u> b. COUNTY <u>CHEROKEE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>JOPLIN</u>		c. LENGTH OF STAY (In this place) <u>3 wks.</u>		c. CITY OR TOWN <u>GALENA</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John's Hosp.</u>				e. STREET ADDRESS (If rural, give location) <u>P.R.#1 North-West of City</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>EVA</u>		b. (Middle) <u>PAULINE</u>		c. (Last) <u>Gourley</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 20 1957</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept. 12, 1901</u>	
9. AGE (In years last birthday) <u>56</u>		10. UNDER 1 YEAR Months _____ Days _____		11. UNDER 1 MRS. Hours _____ Min. _____		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Racine, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Bud Ledford</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Hunt</u>		14. NAME OF HUSBAND OR WIFE <u>George Gourley</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>George Gourley</u>		18. ADDRESS <u>Galena Kansas</u>		19. MEDICAL CERTIFICATION	
18. ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary failure</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease 1 yr.</u> DUE TO (c) <u>4200</u>				INTERVAL BETWEEN ONSET AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>pt med. cerebral art. thrombosis</u>		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>16 May, 1957</u> , to <u>20 Nov, 1957</u> , that I last saw the deceased alive on <u>20 Nov</u> , 1957, and that death occurred at <u>5:15</u> m., from the causes and on the date stated above.		23a. SIGNATURE <u>C. S. Davis MD</u> (Degree or title)	
23b. ADDRESS <u>GALENA KANSAS</u>		23c. DATE SIGNED <u>21 Nov 57</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-23-57</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Burial</u>		24d. LOCATION (City, town, or county) <u>near Racine, Mo</u>		24e. (State) _____		25. FUNERAL DIRECTOR'S SIGNATURE <u>Roy L. Derfelt</u>	
25. ADDRESS <u>Galena Kansas</u>		26. DATE REC'D BY LOCAL REG. <u>11-23-57</u>		27. REGISTRAR'S SIGNATURE <u>Dorice Merriam</u>		28. (Licensed Embalmer's Statement of Reverse Side)	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

by me, Ray L. Derfelt, Student Embalmer No.

working under my personal supervision..

Student
Signature of Student Embalmer

Signed

Ray L. Derfelt

Licensed Embalmer No. 4945

P. O. Address Salina, Kans

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.